


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90362 007 ****61.25

DOCUMENT # N41498

1. Entity Name
THE GREENS OF COUNTRYWAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE, FL 33637 US**

Mailing Address
**7001 TEMPLE TERRACE HWY
 TEMPLE TERRACE, FL 33637 US**

40033894



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-3092574

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**DUARTE, ANTONIO III
 6221 LANDO LAKE BLVD
 LANDO LAKE, FL 34638**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	PONDO, SHEILA	
STREET ADDRESS	11303 GLENMONT DRIVE	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	SHORTRIDGE, SANDRA	
STREET ADDRESS	11420 GLENMONT DR	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BAGNASCO, JENNIFER	
STREET ADDRESS	11302 GLENMONT DRIVE	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ECKSTEIN, EILEEN	
STREET ADDRESS	11441 GLENMONT DR	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE	D	<input type="checkbox"/> Delete
NAME	REESE, DAVID	
STREET ADDRESS	8704 TAPRINGTON PL	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila M. Pondo Sheila M Pondo 2/18/07 813-891-0611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED FEB 21 2007